

## SEMINOLE COUNTY GOVERNMENT AGENDA MEMORANDUM

**SUBJECT:** 2009 Babe Ruth Baseball Florida State Championships Agreement

**DEPARTMENT:** Economic Development

**DIVISION:** Tourism Development

**AUTHORIZED BY:** William McDermott

**CONTACT:** Fran Sullivan

**EXT:** 2906

**MOTION/RECOMMENDATION:**

Approve and authorize the Chairman to execute an Agreement with Altamonte Baseball Club, Inc. for the 2009 Babe Ruth Baseball Florida State Championships in the amount of \$30,000.00.

County-wide

William McDermott

**BACKGROUND:**

The Altamonte Baseball Club provides assistance and opportunities for the advancement of youth baseball. Unlike past tournaments in which each division has competed within their own locations, winning teams will be determined by a double elimination format throughout the weekend.

Tournaments will be held June 24-30, July 8-14 and July 15-21. Over 150 teams and more than 3,000 participants and fans from across Florida will stay an average of 12 days in Seminole County. The event is expected to generate a minimum of 2,500 hotel room nights, and the estimated economic impact is \$3,057,906. TDC funds will be used for pay for use of sports facilities in Altamonte Springs, Sanford and Longwood.

The Tourist Development Council recommends this expenditure and funds are available in Tourism Development's FY 2008-09 promotional budget.

**STAFF RECOMMENDATION:**

Staff recommends that the Board approve and authorize the Chairman to execute an Agreement with Altamonte Baseball Club, Inc. for the 2009 Babe Ruth Baseball Florida State Championships in the amount of \$30,000.00.

**ATTACHMENTS:**

1. Agreement

**Additionally Reviewed By:**

- ☒ Budget Review ( Angela Singleton, Lisa Spriggs )
- ☒ County Attorney Review ( Ann Colby )

**2009 BABE RUTH BASEBALL FLORIDA STATE CHAMPIONSHIPS AGREEMENT**

**THIS AGREEMENT** is made and entered this \_\_\_\_\_ day of \_\_\_\_\_, 2009, by and between **SEMINOLE COUNTY**, a political subdivision of the State of Florida, whose address is Seminole County Services Building, 1101 East First Street, Sanford, Florida 32771, hereinafter referred to as "COUNTY", and **ALTAMONTE BASEBALL CLUB, INC.**, whose address is 837 Magnolia Drive, Altamonte Springs, Florida 32701, hereinafter referred to as "CLUB".

**W I T N E S S E T H:**

**WHEREAS**, the Florida State Legislature enacted Section 125.0104, Florida Statutes, known as the "Local Option Tourist Development Act" in response to the growing need of Florida counties to provide additional revenue sources for tourist development to stimulate the local economy; and

**WHEREAS**, Section 125.0104, Florida Statutes, provides that Tourist Development Tax Revenues may be used to acquire, construct, extend, enlarge, remodel, repair, improve, maintain, operate, or promote publicly owned or operated convention centers, sports stadiums, sports arenas, coliseums, or auditoriums within the boundaries of COUNTY's special taxing district in which the tax is levied; and

**WHEREAS**, the voters of Seminole County approved by referendum the imposition of the Tourist Development Tax on transient rental accommodations in Seminole County; and

**WHEREAS**, COUNTY, in coordination with the Tourist Development Council, wishes to appropriate Tourist Development Tax Revenues as operational funds to host the 2009 Babe Ruth Baseball Florida State Championships held at the Eastmonte Park Recreation Center in Altamonte Springs, Florida, Crane's Roost Park in Altamonte Springs, Florida, Candyland Park in Longwood, Florida, Chase Park in Sanford, Florida, and the Historic Memorial Stadium, also in Sanford, Florida, all publicly

owned and operated baseball facilities, on June 24-30, July 8-14 and July 15-21, 2009; and

**WHEREAS,** said tourist tax monies will be used to pay for the above-listed publicly owned and operated facilities,

**NOW, THEREFORE,** in consideration of the mutual understandings and agreements set forth herein, COUNTY and CLUB agree as follows:

**Section 1. Term.** This Agreement shall be effective from the date of its execution by the parties until September 30, 2009, unless earlier terminated as provided herein.

**Section 2. Termination.** This Agreement may be terminated by either party at any time, with or without cause, upon not less than thirty (30) days written notice to the other party as provided for herein or, at the option of COUNTY, immediately in the event that CLUB fails to fulfill any of the terms, understandings, or covenants of this Agreement. COUNTY shall not be obligated to pay for any services provided or costs incurred by CLUB after CLUB has received notice of termination.

**Section 3. Services.**

(a) The funds from this Agreement shall be used to pay facility use fees at the Eastmonte Park Recreation Center, Crane's Roost Park, Candyland Park, Chase Park and Historic Sanford Memorial Stadium for the three (3) Babe Ruth Baseball Florida State Championships as described in Exhibit A, attached hereto and incorporated herein.

(b) CLUB shall submit written invoices to COUNTY for payment of facility use for the tournaments, to the City of Altamonte Springs, City of Longwood and City of Sanford for combined usage of the above listed facilities not to exceed a total of THIRTY THOUSAND AND NO/100 DOLLARS (\$30,000.00).

(c) The COUNTY shall pay the above listed invoices from tourist tax funds no later than thirty (30) days after their submission.

(d) All promotional packages sent out by CLUB for the Tournaments, as listed in Exhibit "A", must contain a list of Seminole County hotels provided by the Seminole County Convention and Visitors Bureau. No other hotel list may be included in the promotional packet. All such promotional packets must be approved by COUNTY prior to distribution in order to qualify for reimbursement.

(e) CLUB shall permit a third-party company, as designated by the COUNTY to conduct on-site surveys during the Babe Ruth Baseball Florida State Championships to coordinate the survey process. CLUB shall cooperate in making their tournaments accessible in whatever manner necessary for completion of the survey.

(f) CLUB shall be required to have and maintain a website for the purpose of promoting tourism to and attendance at CLUB's Tournaments. Said website shall be linked to the Seminole County Tourism website ([www.visitseminole.com](http://www.visitseminole.com)) and such link shall be maintained throughout the duration of this Agreement.



(g) Failure to comply with or failure to meet the requirements of this Section, including time deadlines, shall result in termination of this Agreement and forfeiture of all financial assistance rendered to CLUB by COUNTY pursuant to this Agreement.

#### **Section 4. Liability and Insurance.**

(a) **Liability.** COUNTY and its Commissioners, officers, employees, and agents shall not be deemed to assume any liability for the acts, omissions and negligence of CLUB and its officers, employees, and agents in the performance of services provided hereunder

(b) **Insurance.**

(1) CLUB shall furnish COUNTY with a Certificate of Insurance signed by an authorized representative of the insurer evidencing the insurance required by this Section (Commercial General Liability). COUNTY, its officials, officers and employees shall be

named additional insured under the Commercial General Liability policy. The Certificate of Insurance shall provide that COUNTY shall be given not less than thirty (30) days written notice prior to the cancellation or restriction of coverage. Until such time as the insurance is no longer required to be maintained by CLUB, CLUB shall provide COUNTY with a renewal or replacement Certificate of Insurance not less than thirty (30) days before expiration or replacement of the insurance for which a previous certificate has been provided.

(2) The Certificate of Insurance shall contain a statement that it is being provided in accordance with this Agreement and that the insurance is in full compliance with the requirements of this Agreement. In lieu of the statement on the Certificate, CLUB shall, at the option of COUNTY, submit a sworn, notarized statement from an authorized representative of the insurer that the Certificate is being provided in accordance with this Agreement and that the insurance is in full compliance with the requirements of this Agreement.

(3) In addition to providing the Certificate of Insurance, if required by COUNTY, CLUB shall, within thirty (30) days after receipt of the request, provide COUNTY with a certified copy of each of the policies of insurance providing the coverage required by this Section.

(4) Neither approval by COUNTY nor failure to disapprove the insurance furnished by CLUB shall relieve CLUB of its full responsibility for performance of any obligation including its indemnification of COUNTY under this Agreement.

(5) Insurance Company Requirements. Insurance companies providing the insurance under this Agreement must meet the following requirements:

(A) Companies issuing policies must be authorized to conduct business in the State of Florida and prove same by maintaining Certificates of Authority issued to the companies by the Department of

Insurance of the State of Florida.

(B) In addition, such companies other than those authorized by Section 624.4621, Florida Statutes, shall have and maintain a Best's Rating of "A-" or better and a Financial Size Category of "VII" or better according to A.M. Best Company.

(C) If during the period which an insurance company is providing the insurance coverage required by this Agreement an insurance company shall: 1) lose its Certificate of Authority, or 2) fail to maintain the requisite Best's Rating and Financial Size Category, CLUB shall, as soon as it has knowledge of any such circumstance, immediately notify COUNTY and immediately replace the insurance coverage provided by the insurance company with a different insurance company meeting the requirements of this Agreement. Until such time as CLUB has replaced the unacceptable insurer with an insurer acceptable to COUNTY, CLUB shall be deemed to be in default of this Agreement.

(6) Specifications. Without limiting any of the other obligations or liability of CLUB, CLUB shall, at its sole expense, procure, maintain, and keep in force amounts and types of insurance conforming to the minimum requirements set forth in this Section. Except as otherwise specified in this Agreement, the insurance shall become effective prior to the commencement of the Tournaments and shall be maintained in force until this Agreement completion date. The amounts and types of insurance shall conform to the following minimum requirements.

(A) Commercial General Liability.

(i) CLUB's insurance shall cover CLUB for those sources of liability which would be covered by the latest edition of the standard Commercial General Liability Coverage Form (ISO Form CG 00 01), as filed for use in the State of Florida by the Insurance Services Office, without the attachment of restrictive endorsements other than

the elimination of Coverage C, Medical Payment, and the elimination of coverage for Fire Damage Legal Liability.

(ii) The minimum limits to be maintained by CLUB (inclusive of any amounts provided by an Umbrella or Excess policy) shall be as follows:

LIMITS

General Aggregate	Two (2) Times the Each Occurrence Limit
Personal & Advertising Injury Limit	\$1,000,000.00
Each Occurrence Limit	\$1,000,000.00

(7) Coverage. The insurance provided by CLUB pursuant to this Agreement shall apply on a primary basis and any other insurance or self-insurance maintained by COUNTY or COUNTY's officials, officers or employees shall be excess of and not contributing with the insurance provided by or on behalf of CLUB.

(8) Occurrence Basis. The Commercial General Liability required by this Agreement shall be provided on an occurrence rather than a claims-made basis.



**Section 5. Billing and Payment.** COUNTY hereby agrees to provide funds up to a maximum sum of THIRTY THOUSAND AND NO/100 DOLLARS (\$30,000.00) for facility use fees for the Tournaments listed in Exhibit A to this Agreement. Said funds are payable upon:

(a) Receipt by COUNTY of a Request for Funds Form, attached hereto and incorporated herein as Exhibit B, and a facility use invoice from CLUB requesting all or part of the above be paid by COUNTY. Such request by CLUB shall only be for the facility use fees specifically provided for herein. Such Request for Funds Form shall be properly completed and submitted no later than thirty (30) days after each tournament. Failure to comply with this requirement shall result in termination of this Agreement and forfeiture of all financial assistance granted to CLUB pursuant to this Agreement.

(b) Verification by the Seminole County Economic Development/Tourism Director that CLUB has held the tournaments for which facility use fees are sought and has complied with the reporting requirements contained hereinafter;

(c) The original payment requests shall be sent to:

Original: Director  
Seminole County Economic Development/Tourism  
1230 Douglas Avenue, Suite 116  
Longwood, Florida 32779

A duplicate payment request shall be sent to:

Duplicate: Director, Department of Finance  
Seminole County Services Building  
1101 East First Street  
Sanford, Florida 32771

(d) The Request for Funds Form shall be accompanied by a detailed report of the economic impact on COUNTY resulting from the Tournament funds for which have been provided hereunder. Such report, attached hereto and incorporated herein as Exhibit C, shall include, but not be limited to, the actual number of hotel or motel rooms occupied, restaurant meals consumed, and estimated goods and services expenditures.

(e) CLUB is responsible for documenting the number of room nights actually utilized per event at each Seminole County hotel. CLUB must have each hotel individually certify the actual number of rooms picked up by having the General Manager complete the Hotel Room Pickup Form, attached hereto and incorporated herein as Exhibit D. No payments will be processed until all required documentation has been submitted. COUNTY reserves the right to reduce the maximum amount of any grant awarded in the event guaranteed room nights as stated in Exhibit A are not satisfied.

(f) Payment of fees shall be contingent upon CLUB's compliance with requirements as stated in Exhibit A.



**Section 6. Reporting Requirements.** In the performance of this Agreement, CLUB shall maintain books, records, and accounts of all activities in compliance with normal accounting procedures. Each Request for Funds Form shall detail costs incurred. As referenced in Exhibit A, CLUB shall transmit and certify interim records with each Request for Funds Form submitted to COUNTY.

**Section 7. Non-Reimbursable Expenditures.**

(a) Non-reimbursable expenditures include, but are not limited to, legal, engineering, accounting, auditing, planning, feasibility studies or consulting services, real property or capital improvements, interest reduction in deficits and liens, prize money, scholarships, awards, plaques or certificates, private entertainment, lodging, food and beverages, and wages, salaries, administrative or travel expenses other than those appearing, if any, in Exhibit A.

(b) The purpose for which Tourist Development Tax grant funds are provided to CLUB shall not duplicate programs for which monies have been received, committed, or applied for from another source. The monies provided hereunder shall be expended only for the activities or purposes set forth in Exhibit A.

**Section 8. Unavailability of Funds.** CLUB acknowledges that Tourist Development Tax revenues are the source of funding for this Agreement and that no other COUNTY revenues shall or may be utilized to meet COUNTY's obligations hereunder. If, for whatever reason, the funds pledged by COUNTY to this program should become unavailable, this Agreement may be terminated immediately, at the option of COUNTY, by written notice of termination to CLUB as provided hereinafter. COUNTY shall not be obligated to pay for any services provided or costs incurred by CLUB after CLUB has received such notice of termination. In the event there are any unused COUNTY funds, CLUB shall promptly refund those funds to COUNTY or otherwise use such funds as COUNTY directs.

**Section 9. Access to Records.** CLUB shall allow COUNTY, its duly authorized agent, and the public access to such of its records as are pertinent to all services provided hereunder at reasonable times and under reasonable conditions for inspection and examination in accordance with Florida Statutes.

**Section 10. Liaison.** CLUB shall submit the original copies of the Request for Funds Forms, and any other required reports or correspondence to the following:

Director  
Seminole County Economic Development/Tourism  
1230 Douglas Avenue, Suite 116  
Longwood, Florida 32779

**Section 11. Notices.** Whenever either party desires to give notice unto the other, it shall be given in writing by certified United States mail, with return receipt requested, and sent to:

**For COUNTY:**

Director  
Seminole County Economic Development/Tourism  
1230 Douglas Avenue, Suite 116  
Longwood, Florida 32779

**For CLUB:**

Shirley Nooft  
837 Magnolia Drive  
Altamonte Springs, Florida 32701

Either of the parties may change, by written notice as provided above, the person or address for receipt of notice.

**Section 12. Assignments.** Neither party to this Agreement shall assign this Agreement nor any interest arising herein without the written consent of the other.

**Section 13. Entire Agreement.**

(a) It is understood and agreed that the entire agreement of the parties is contained herein and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof as well as any previous agreements presently in effect

between the parties relating to the subject matter hereof.

(b) Any alterations, amendments, deletions, or waivers of the provisions of this Agreement shall be valid only when expressed in writing and duly signed by the parties.

**Section 14. Compliance with Laws and Regulations.** In providing all services pursuant to this Agreement, CLUB shall abide by all statutes, ordinances, rules, and regulations pertaining to or regulating the provisions of such services including those now in effect and hereafter adopted. Any violation of said statutes, ordinances, rules, or regulations shall constitute a material breach of this Agreement and shall entitle COUNTY to terminate this Agreement immediately upon delivery of written notice of termination to CLUB as provided hereinabove.

**Section 15. Conflict of Interest.**


(a) CLUB agrees that it will not engage in any action that would create a conflict of interest in the performance of its obligations pursuant to this Agreement with COUNTY or which would violate or cause others to violate the provisions of Part III, Chapter 112, Florida Statutes, relating to ethics in government.

(b) CLUB hereby certifies that no officer, agent, or employee of COUNTY has any material interest (as defined in Section 112.312(15), Florida Statutes, as over 5 percent), either directly or indirectly, in the business of CLUB to be conducted here and that no such person shall have any such interest at any time during the term of this Agreement.

(c) Pursuant to Section 216.347, Florida Statutes, CLUB hereby agrees that monies received from COUNTY pursuant to this Agreement will not be used for the purpose of lobbying the legislature or any other State or Federal agency.

IN WITNESS WHEREOF, the parties to this Agreement have caused their names to be affixed hereto by the proper officers thereof for the purposes herein expressed on the day and year first above written.

ATTEST:

  
JODY SLUSS, Secretary *Treasurer*  
Jody

ALTAMONTE BASEBALL CLUB, INC.

By:   
SHELLY NOOFT, Chief Operating Officer

ATTEST:

BOARD OF COUNTY COMMISSIONERS  
SEMINOLE COUNTY, FLORIDA

\_\_\_\_\_  
MARYANNE MORSE  
Clerk to the Board of  
County Commissioners of  
Seminole County, Florida.

By: \_\_\_\_\_  
BOB DALLARI, Chairman

Date: \_\_\_\_\_

For the use and reliance  
of Seminole County only.

Approved as to form and  
legal sufficiency.

As authorized for execution  
by the Board of County Commissioners  
at their \_\_\_\_\_, 20\_\_\_\_  
regular meeting.



\_\_\_\_\_  
County Attorney

AEC/lpk

4/22/09

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Attachments:

- Exhibit A - Project Description and Expenses
- Exhibit B - Request For Funds Form
- Exhibit C - Economic Impact Report
- Exhibit D - Hotel Room Pickup Form

EXHIBIT A

**PART II APPLICATION FOR FUNDS**  
**TOURIST DEVELOPMENT SPONSORSHIP**  
**FY 2008-09**

(1) NAME OF ORGANIZATION Altamonte Baseball Club

(2) NAME OF EVENT 2009 Babe Ruth Baseball Florida State Championships

(3) CONTACT PERSON Shelly Nooft

(4) CONTACT PERSON E-MAIL snooft@altamonte.org

(5) COMPLETE ADDRESS OF ORGANIZATION:

STREET 837 Magnolia Drive

CITY Altamonte Springs ST FL ZIP 32701

PHONE: 4075718859 CELL: \_\_\_\_\_ FAX: 4075718177

(6) ORGANIZATION'S CHIEF OFFICIAL: Shelly Nooft

TITLE: \_\_\_\_\_ Address if different from above:

\_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

(7) INTENDED USE OF FUNDS: (Refer to Pages 6-7 - Authorized/Unauthorized Uses of Funds) Facility usage fees

\_\_\_\_\_  
\_\_\_\_\_

(8) AMOUNT REQUESTED \$ 30,000.00

(9) IF ENTIRE REQUEST CANNOT BE FUNDED, CAN THE EVENT BE RESTRUCTURED FOR LESS FUNDING? ( ) YES (X) NO

## **II DETAILS ON YOUR ORGANIZATION:**

In narrative form please describe your organization in the following areas. **Use a separate sheet to complete these questions in detail.**

- (1) What are your organization's goals and objectives?
- (2) What services does your organization provide?
- (3) How will your organization monitor expenditure of funds?
- (4) How will your event bring additional visitors and hotel room nights to Seminole County?
- (5) What is your organization's experience in managing sponsorships and grants?

**III EVENT INFORMATION (Use additional sheets where necessary.)**

(1) EVENT NAME: 2009 Babe Ruth Baseball Florida State Championships

(2) TYPE OF EVENT: Youth Baseball Tournament Games

(3) DATE OF EVENT: June 24 - 30, July 8 -14, July 15 - 21

(4) NUMBER OF DAYS: 21 HOURS: FROM: Varies TO: Varies

(5) EVENT PROMOTER (IF OTHER THAN YOUR ORGANIZATION)

NAME OF PROMOTER Jason Weeks  
COMPANY NAME Altamonte Sports & Programs  
ADDRESS: 624 Bills Lane, Altamonte Springs, Florida 32714  
PHONE and FAX 407-571-8734/ 407-571-8752

(6) PROJECTED NUMBER OF LOCAL PARTICIPANTS,  
GUESTS AND MEDIA 884

(7) PROJECTED NUMBER OF OUT-OF-COUNTY PARTICIPANTS: 2,080  
AVERAGE NUMBER OF DAYS STAY IN SEMINOLE COUNTY: 12

(8) PROJECTED NUMBER OF OUT-OF-COUNTY GUESTS OF PARTICIPANTS: 1,560  
AVERAGE NUMBER OF DAYS STAY IN SEMINOLE COUNTY: 12

(9) PROJECTED NUMBER OF OUT-OF-COUNTY MEDIA PERSONS: 0  
AVERAGE NUMBER OF DAYS STAY IN SEMINOLE COUNTY: 0

(10) PROVIDE THE ESTIMATED DIRECT ECONOMIC IMPACT ON SEMINOLE COUNTY FROM YOUR  
EVENT (The Eco Impact form for the application can be found on the website): \$3,057,906.00

(11) WHAT IS THE **GUARENTEED MINIMUM** NUMBER OF ROOM NIGHTS YOUR EVENT WILL  
BRING TO SEMINOLE COUNTY? 2,500

**Note:** This number is the minimum number of rooms that must be captured by the event and documented  
by submitting the Room Night Pick-Up Form (Exhibit D) within 90 days of the conclusion of the event.  
Failure to meet this minimum room night guarantee, the total amount of grant disbursement will be  
decided by the Seminole County CVB.

(12) PROVIDE A LIST OF OTHER EVENT SPONSORS AND THE AMOUNT(S) OF THEIR  
SPONSORSHIPS. See attached

(13) PROVIDE THE LOCATION, CONTACT NAME AND PHONE NUMBER FOR THE EVENT FOR THE  
LAST THREE YEARS. See attached

Exhibit C

Seminole County - Economic Impact

	Quantity	Multiplier	Event days	TOTALS
How much will event organizers spend locally?				\$ 73,191.00
How many adult out-of state participant/spectator days are expected?		\$ 143.00		\$ -
How many youth out-of state participant/spectator days are expected?		\$ 72.00		\$ -
How many adult in-state participant/spectator days are expected?	316	\$ 125.00	15	\$ 592,500.00
How many youth in-state participant/spectator days are expected?	2212	\$ 63.00	15	\$ 2,090,340.00
How many out-of state media/professionals expected?		\$ 143.00		\$ -
How many in state media/ professionals expected?	161	\$ 125.00	15	\$ 301,875.00
What is the expected event-site spending?				
What other expenditures, if any, are anticipated?				
<b>TOTAL DIRECT IMPACT =</b>				<b>\$ 3,057,906.00</b>
	Direct Impact	Divider	Multiplier	
Total output economic impact:	\$ 3,057,906.00		1.5	\$ 4,586,859.00
Total earnings impact:	\$ 3,057,906.00		0.57	\$ 1,743,006.42
Total employment impact:	\$ 3,057,906.00	1,000,000	22	67.27
		Non-Taxable		
	Direct Impact	Sales	Sales Tax Rate	
<b>STATE SALES TAX GENERATED:</b>	\$ 3,057,906.00		0.06	<b>\$ 183,474.36</b>
			Florida DOR	
		State Sales Tax	Disbursement	
		Generated	Multiplier	
<b>STATE SALES TAX REIMBURSED TO COUNTY:</b>		\$ 183,474.36	0.09653	<b>\$ 17,710.78</b>
		Non-Taxable	Option Sales	
	Direct Impact	Sales	Tax Rate	
<b>COUNTY LOCAL OPTION SALES TAX:</b>	\$ 3,057,906.00	\$ -	0.01	<b>\$ 30,579.06</b>
	Estimated Rooms	Approximate Hotel	Average Room	
	Per Night To Be Secured	Rooms Secured	Rate Per Night	
<b>TOTAL HOTEL IMPACT:</b>		2500	\$79.00	<b>\$ 197,500.00</b>
	Total Hotel			
	Impact		Resort Tax Rate	
<b>COUNTY RESORT TAX RECOUPED:</b>	\$ 197,500.00		0.03	<b>\$ 5,925.00</b>
<b>TOTAL RESORT TAX &amp; STATE SALES TAX RECOUPED BY COUNTY:</b>				<b>\$ 54,214.84</b>
<b>RENTAL COSTS OF FACILITIES OWNED &amp; RECOUPED BY THE COUNTY:</b>				<b>\$ -</b>
<b>RENTAL COSTS OF FACILITIES OWNED &amp; RECOUPED BY THE CITY:</b>				<b>\$ -</b>
<b>BID FEES AND COSTS ASSOCIATED TO THE EVENT PAID BY THE COUNTY:</b>				<b>\$ -</b>
<b>BID FEES AND COSTS ASSOCIATED TO THE EVENT PAID BY THE CITY:</b>				<b>\$ -</b>
<b>APPROXIMATE REVENUE RECOUPED BY THE COUNTY ON THE EVENT:</b>				<b>\$ 54,214.84</b>



## ATTACHMENTS

### II DETAILS ON YOUR ORGANIZATION:

(1) The Altamonte Baseball Club, Inc. goals and objectives

Altamonte Baseball Club provides assistance and opportunities for further growth of amateur baseball.

Arouse and maintain an enthusiastic interest in various facets of youth baseball.

Promote community involvement and financial responsibility in youth baseball to grow, excel and meet the needs of projects as proposed.

Seek, cultivate and obtain revenues to be used for developing and expanding opportunities for youth baseball projects.

Serve as an essential part of fundraising projects, building relationships with the local business community, and welcoming businesses and families to become involved in youth baseball.

Increase funds and participation in the Altamonte baseball program by implementation of fundraising and sponsorship opportunities, marketing strategies and enhanced community participation.

Secure a sports management company to administer league play and charter with one or more sanctioned amateur youth baseball leagues, i.e., Babe Ruth Baseball, Little League Baseball, Pony Baseball, etc. annually.

Actively support youth athletes in their baseball development by providing a safe, friendly environment in which to play baseball, learn sportsmanship, and learn the importance of being a team player.

(2) See above

- (3) The Altamonte Baseball Club, Inc. will work in conjunction with Altamonte Sports & Programs/the City of Altamonte Springs. Jodie Sluss, the Altamonte Baseball Club Secretary-Treasure will act as oversight to monitor all funds.
- (4) This event will secure over 150 teams and more than 3,000 participants and fans from across the State of Florida staying in Seminole County hotels. Additional spectators will also visit Seminole County supporting the event such as Baseball District Commissioners, umpires, vendors, exhibitors and other families and friends of participants.
- (5) The Altamonte Baseball Club will work with Altamonte Sports & Programs/the City of Altamonte Springs to manage all sponsorships and grants for the tournament. Altamonte Sports & Programs has an excellent track record of following the necessary responsibilities, fulfillment and expectations of sponsors and grants to achieve successful results.

**III EVENT INFORMATION (Use additional sheets where necessary.)**

- (12) PROVIDE A LIST OF OTHER EVENT SPONSORS AND THE AMOUNT(S) OF THEIR SPONSORSHIPS.

Potential Sponsors: Nike, Mizuno, Rawlings/Ananaconda, several area restaurants

- (13) PROVIDE THE LOCATION, CONTACT NAME AND PHONE NUMBER FOR THE EVENT FOR THE LAST THREE YEARS.

This tournament style and format has never before been attempted. In past years, each of the twenty-three (23) divisions of play have been separated across the State of Florida all competing in their own locations. The twenty-three (23) divisions all have various numbers of teams participating from 5 to 20 depending upon the division of play.

- (14) PLEASE PROVIDE DETAILS OF HOW THE EVENT WILL WORK.

Altamonte Baseball Club, Inc. is coordinating with the Cities of Altamonte Springs, Longwood and Sanford and will begin tournament play on each Thursday (June 24 - 30, July 8 -14, July 15 - 21) at the various fields. Each division will play in double elimination formats throughout the weekend to determine the winning teams. On Friday night of each weekend no games will be played so that an Opening Ceremonies Festival will take place at Cranes Roost Park in Altamonte Springs. This will be an opportunity for all the teams attending that specific weekend to be honored and recognized by families, tournament officials and local dignitaries.

**IV SPORTING EVENT (If Applicable)**

(2) LOCATION OF EVENT: (IF MORE THAN ONE, LIST ON SEPARATE SHEET.)

Eastmonte Park Recreation Center, Altamonte Springs

Candyland Park, Longwood

Chase Park, Sanford

Historic Sanford Memorial Stadium, Sanford

Cranes Roost Park, Altamonte Springs

(14) PLEASE PROVIDE DETAILS OF HOW THE EVENT WILL WORK. See attached

**IV SPORTING EVENT (If Applicable)**

(1) NAME OF SPORT/EVENT: Youth Baseball Tournament Games

(2) LOCATION OF EVENT: (IF MORE THAN ONE, LIST ON SEPARATE SHEET.)

See attached

(3) TOTAL NUMBER OF FIELDS NEEDED: 12

(4) TOTAL NUMBER OF FIELDS NEEDED PER DAY: Varies

(5) NUMBER OF LIGHTED FIELDS REQUIRED: 12

(6) PROVIDE FIELD USE TIMES BY DAY. Varies

(6) SPECIAL FIELD REQUIREMENTS (PLEASE SPECIFY):

None  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V OTHER OUTDOOR EVENT:**

(1) LOCATION AND SIZE OF EVENT VENUE: Each Friday night of each weekend an Opening Ceremonies Festival will be held at Cranes Roost Park honoring the teams participating that weekend. Local officials and dignitaries will welcome the teams and congratulate them for reaching the State Championships.  
\_\_\_\_\_  
\_\_\_\_\_

(2) SPECIAL SITE REQUIREMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EVENT BUDGET SUMMARY

### INCOME SOURCES:

TOURIST DEVELOPMENT TAX REQUEST    \$ 30,000.00

ADDITIONAL FUNDING SOURCES (Seminole County cannot be sole source.)

Sponsors                            \$ 5,000.00

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL ADDITIONAL FUNDS        \$ 5,000.00

### OTHER INCOME SOURCES

Team Entry/Gate Fee        \$ 39,000.00

Merchandise Sales        \$ 5,000.00

Program Ad Sales        \$ 5,000.00

Photography Sales        \$ 2,000.00

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL OTHER INCOME            \$ 51,500.00

TOTAL INCOME ALL SOURCES    \$ 86,000.00

**EVENT EXPENSES:**

Provide an itemized summary indicating the intended use of TDC funds. Please be as explicit as possible, including intended publications, promotional materials, etc. and how much money will be expended (tentatively) for each category. Use additional sheets if necessary.

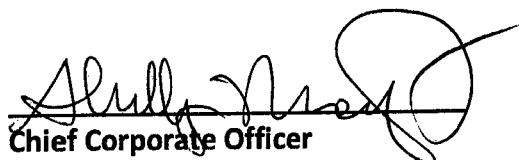
**Intended Utilization of Tourist Tax Funds**

(Please refer to authorized and unauthorized uses on page 6-7)

<u>Public Facility Usage Fees</u>	<u>\$</u>	
<u>Altamonte Springs</u>	<u>\$</u>	<u>16,350.00</u>
<u>Longwood</u>	<u>\$</u>	<u>6,200.00</u>
<u>Sanford</u>	<u>\$</u>	<u>9,600.00</u>
Total Tourism Funds:	<u>\$</u>	<u>30,000.00</u>
<b>Other Event Expenses</b>		
<u>Awards</u>	<u>\$</u>	<u>5,359.00</u>
<u>Baseballs</u>	<u>\$</u>	<u>4,917.00</u>
<u>Event Signage/Banners</u>	<u>\$</u>	<u>3,000.00</u>
<u>Facility (<i>Remaining Costs</i>)</u>	<u>\$</u>	<u>2,150.00</u>
<u>Pre-Tournament Packets</u>	<u>\$</u>	<u>3,000.00</u>
<u>Sanction Fees</u>	<u>\$</u>	<u>11,600.00</u>
<u>Scorekeepers</u>	<u>\$</u>	<u>4,470.00</u>
<u>Tournament Program</u>	<u>\$</u>	<u>4,000.00</u>
<u>Umpires</u>	<u>\$</u>	<u>34,695.00</u>
Total Other Event Expenses	<u>\$</u>	<u>73,191.00</u>
<b>TOTAL EVENT EXPENSES</b>	<u>\$</u>	<u>103,191.00</u>

### CERTIFICATION

I have reviewed this Application for Funds from the Tourist Development Council for FY 2008-09. I am in full agreement with the information contained herein. To the best of my knowledge, the information contained in this Application and its attachments is accurate and complete.

  
Chief Corporate Officer

2-20-09  
Date

Seal

  
Corporation Secretary

2-20-09  
Date



EXHIBIT "B"  
REQUEST FOR FUNDS

SEMINOLE COUNTY TOURISM DEVELOPMENT  
1230 DOUGLAS AVENUE, #116, LONGWOOD FL 32779

EVENT NAME \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF CONTACT \_\_\_\_\_ CONTACT TELEPHONE \_\_\_\_\_

CONTACT E-MAIL \_\_\_\_\_

EVENT DATE FROM \_\_\_\_\_ TO \_\_\_\_\_

REQUEST # \_\_\_\_\_

( ) INTERIM REPORT ( ) FINAL REPORT

TOTAL CONTRACT AMOUNT \$ \_\_\_\_\_

<u>EXPENSE</u>	<u>BUDGET</u>	<u>REIMBURSEMENT REQUESTED</u>
_____	_____	_____
_____	_____	_____
TOTALS	_____	_____

(For Final Report only)  
Please complete the following:

#of Hotels used \_\_\_\_\_

#of Hotel room nights \_\_\_\_\_

#of out-of-town participants \_\_\_\_\_

#of out-of-town fans \_\_\_\_\_

#of out-of-town media \_\_\_\_\_

Total direct economic impact \$ \_\_\_\_\_

NOTE: Furnishing false information may constitute a violation of applicable State and Federal laws.

CERTIFICATION OF FINANCIAL OFFICER: I certify that the above information is correct based on our official accounting system and records, consistently applied and maintained and that the cost shown have been made for the purpose of and in accordance with, the terms of the contract. The funds requested are for reimbursement of actual cost made during this time period.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

Exhibit "B"

Exhibit C

Seminole County - Economic Impact

	Quantity	Multiplier	Event days	TOTALS
How much will event organizers spend locally?				
How many adult out-of state participant/spectator days expected?		\$ 143.00		\$ -
How many youth out-of state participant/spectator days are expected?		\$ 72.00		\$ -
How many adult in-state participant/spectator days expected?		\$ 125.00		\$ -
How many youth in-state participant/spectator days are expected?		\$ 63.00		\$ -
How many out-of state media/professional days expected?		\$ 143.00		\$ -
How many in state media/ professionals expected?		\$ 125.00		\$ -
What is the expected event-site spending?				
What other expenditures, if any, are anticipated?				
<b>TOTAL DIRECT IMPACT =</b>				\$ -
	Direct Impact	Divider	Multiplier	
Total output economic impact:	\$ -		1.5	\$ -
Total earnings impact:	\$ -		0.57	\$ -
Total employment impact:	\$ -	1,000,000	22	\$ -
		Non-Taxable		
	Direct Impact	Sales	Sales Tax Rate	
<b>STATE SALES TAX GENERATED:</b>	\$ -		0.06	\$ -
			Florida DOR	
		State Sales Tax	Disbursement	
		Generated	Multiplier	
<b>STATE SALES TAX REIMBURSED TO COUNTY:</b>		\$ -	0.09653	\$ -
		Non-Taxable	Option Sales	
	Direct Impact	Sales	Tax Rate	
<b>COUNTY LOCAL OPTION SALES TAX:</b>	\$ -	\$ -	0.01	\$ -
	Estimated Rooms	Approximate Hotel	Average Room	
	Per Night To Be Secured	Rooms Secured	Rate Per Night	
<b>TOTAL HOTEL IMPACT:</b>				\$ -
	Total Hotel			
	Impact		Resort Tax Rate	
<b>COUNTY RESORT TAX RECOUPED:</b>	\$ -		0.05	\$ -
<b>TOTAL RESORT TAX &amp; STATE SALES TAX RECOUPED BY COUNTY:</b>				\$ -
<b>RENTAL COSTS OF FACILITIES OWNED &amp; RECOUPED BY THE COUNTY:</b>				\$ -
<b>RENTAL COSTS OF FACILITIES OWNED &amp; RECOUPED BY THE CITY:</b>				\$ -
<b>BID FEES AND COSTS ASSOCIATED TO THE EVENT PAID BY THE COUNTY:</b>				\$ -
<b>BID FEES AND COSTS ASSOCIATED TO THE EVENT PAID BY THE CITY:</b>				\$ -
<b>APPROXIMATE REVENUE RECOUPED BY THE COUNTY ON THE EVENT:</b>				\$ -



Exhibit D

## SEMINOLE COUNTY CONVENTION & VISITORS BUREAU (CVB)

### ROOM NIGHT PICKUP CERTIFICATION FORM

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#### Request for Room Night Pick-UP

*Attn: General Manager, please provide the room night information for the event dates listed below **as soon as possible**:*

**Hotel Name/ Location:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Group Name:** \_\_\_\_\_

**Event Name:** \_\_\_\_\_

**Event Dates:** \_\_\_\_\_

I certify the organization/event listed above consumed the following room nights:

**Total Number of Room Nights Picked up from Events** \_\_\_\_\_

**GM Signature:** \_\_\_\_\_

The purpose of this form is to **certify the number of local hotel room nights in Seminole County attributable to this event.**

The Seminole County CVB reserves the right to unilaterally reduce the maximum amount of any grant awarded should the applicant's room night guarantee not be satisfied or documented with this Room Night Pick Up Certification Form.

Your cooperation in completing this form is greatly appreciated. For additional information please contact Sharon Sears, CVB Executive Director at (407) 665-2901.

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